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TITLE:	"LIQUID CRYSTAL DISPLAY COLUMN CAPACITANCE CHARGING WITH A CURRENT SOURCE"

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1. RESPONSE TO NON-FINAL OFFICE ACTION MAILED JUNE 18, 2004; AND
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ATTORNEY CONTACT: PAUL N. KATZ  
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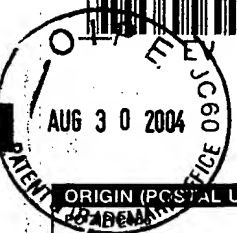
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Mo. Day Year		<input type="checkbox"/> Next <input type="checkbox"/> Second <input type="checkbox"/>	
Time In		Flat Rate Envelope	
<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	
Weight		Postage	
lbs. ozs.		\$	
No Delivery		Return Receipt Fee	
<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	
Int'l Alpha Country Code		COD Fee	
Acceptance Clerk Initials		Insurance Fee	
Total Postage & Fees		\$	

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> <b>WAIVER OF SIGNATURE</b> (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
<input type="checkbox"/> <b>NO DELIVERY</b> <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
Customer Signature		

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